Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALLE		OTHER THAN OR SMALL ENTITY		
FC)R	NUM			EXTRA	TYPE [OR 1 [
		14010		Total State of the second	Transplant A. R. C.	RATE	FEE	,	RATE	FEE
BASIC FEE						+ ,*	345.00	OR		690.00
то	OTAL CLAIMS	2	9 minus 2	20= * q		X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS				minus 3 = * (OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	the difference	in column 1	is less than ze	column 2	TOTAL		OR	TOTAL	93.0	
	CI	LAIMS AS	S AMENDED	- PART II				-	OTHER	
(Column 1) (Column 2) (Column 3)						SMALL		OR	SMALL E	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	· X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
H	HIRST PRESE	NIATION OF	- MULTIPLE DEF	PENDENT CLAIM	/1	+130=		OR	+260=	
ĺ						TOTAL		ا م	TOTAL	
1						ADDIT. FEE	<u> </u>	OR ,	ADDIT. FEE	
 	MANAGE BON IN THE SE	(Column 1		(Column 2)	(Column 3)		45-	, .		.=-
AMENDMENT B		REMAINING AFTER AMENDMEN	G S	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***	=	X39=		OR	X78=	
	L-IRST PRESE	NIATION OF	MULTIPLE DEI	PENDENT CLAIM	VI .	+130=		OR	+260=	
ĺ						TOTAL		ا _م ا	TOTAL	· · · · · · · · · · · · · · · · · · ·
1	•				ADDIT. FEE		OR	ADDIT. FEE	<u> </u>	
<u> </u>	7 858 to December 1	(Column 1		(Column 2)	(Column 3)			1		
AMENDMENT C	3/29/04	CLAIMS REMAINING AFTER AMENDMEN	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 23	Minus	-29	.=	X\$ 9=		OR	X\$18=	, <u></u>
MEN	Independent	1. 5	Minus	4	= 1				X78=	01
Ø	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM	1	X39=	<u> </u>	OR	\	100
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		+130=		OR	+260=	هـ
١.	If the entry in colum	mn 1 is less tha	an the entry in colu	umn 2, write "0" in co	olumn 3.	TOTAL	T	1/	TATA	107
**	If the "Highest Nur	mber Previousl	sly Paid For" IN THI	IS SPACE is less that IIS SPACE is less that	nan 20, enter "20."	ADDIT. FEE	'	OR	box terms	1000

Application or Docket Number

Effective JANUARY, 2003								09/411291					
CLAIMS AS FILED - PART I (Column 1) (Column 2						umn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
T	OTAL CLAIM		10-16-7-16-16-16-16-16-16-16-16-16-16-16-16-16-			RATE		FEE	٦	RATE	FEE		
F	OR	NUMBER FILED		NUMBER EXTRA		BASI	C FE	37 5 .00	OR	BASIC FE	┪───		
T	OTAL CHARGE	minus 20=		*		XS	9=	 	╣				
ΙN	DEPENDENT (n	minus 3 =		*			·	OR	ļ	<u> </u>		
м	ULTIPLE DEPE		RESENT				2=	 	OR	X84=			
	f 11 1:44						+14	10=		OR	+280=		
_ 1	* If the difference in column 1 is less than zero, enter					column 2	TO	ΓAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II									_	OTHER		
AMENDMENT A		(Column 1) CLAIMS		(Colun		(Column 3)	SM	ALL	ENTITY	OR	SMALL	n	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		=	X4:	2=		OR	X84=		
	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+14				+280=		
-							<u> </u>	TAL		OR	TOTAL		
		(Column 1)		(Colum	n 0)	(Column 3)	ADDIT.	FEE	· · · · · · · · · · · · · · · · · · ·	JOR ,	ADDIT. FEE		
m		CLAIMS REMAINING		HIGHE	ST			γ	ADDI-	1 1		ADDI-	
RENDMENT		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
N N	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X42	=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		1.00	\Box					
							+140	TAL		OR	+280=		
							ADDIT. I			OR A	TOTAL ADDIT. FEEL		
_		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)				-	·.		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATI	- 11	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=-	X42=	_		ŀ	X84=		
	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT (CLAIM		742-	_		OR			
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						+140	ــالــ		OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													